

## ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

Ms.

Mr. Artist

**JOHN CLAGUE**

yes

no

(Last Name Last)

Permanent  
Address

Street

City

**44040**

Tel. ( )

**423-3192**

Zip

Area Code

Temporary  
Address

Street

City

Tel. ( )

Zip

Area Code

Permanent address is in what county?

**GEauga**

Born in Cuyahoga County  Yes  No

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.

Museum should dispose of.

Museum should ship to artist C.O.D. at this address:

### Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

**HANG "TRACES" FOR JURYING.**

**LIGHT BOTH CAREFULLY**

***THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.***

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

***John Clague***

## ENTRY BLANKS

**1**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

**STAINLESS - LACQUER**

Title

**ENTRANCE** ~~XX~~

Price or NFS	Insurance Value If NFS Only	Size
<u>1800.00</u>		<u>H. 75" W. 26"</u>

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame

DO NOT WRITE IN THIS SECTION

252

(A)

ACCEPTED

REJECTED

X

FEE PAID

BY

10/23

TH

**2**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

**STAINLESS**

Title

**TRACES**

Price or NFS	Insurance Value If NFS Only	Size
<u>150.00</u>		<u>12" x 12"</u>

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
	CC		

DO NOT WRITE IN THIS SECTION

342

(2)

ACCEPTED

REJECTED

X

RECEIVED

BY

10/23

TH

DO NOT DETACH

1976 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106



*Please keep address within this box for window envelope.*

Name	JOHN CLAGUE	
Address	11625 COUNTY LINE ROAD	
City & State	GATES MILLS, OHIO	Zip 44040

Dates for Pick-up of Objects

Museum Service Entrance  
9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects

November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose  
for its own account any object not called for by the dates listed.

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your  
notification of acceptance or rejection.

## ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

RECEIVED

DO NOT DETACH

NOV 29

**1**

- 1. Paintings
- 2. Graphics
- 3. Photography
- 4. Sculpture
- 5. Electric
- 6. Crafts

Medium or Materials

**STAINLESS - LAQUER**

Title **ENTRANCE**

DO NOT WRITE IN THIS SECTION

252

(+)

ACCEPTED

REJECTED

X

DO NOT DETACH

**2**

- 1. Paintings
- 2. Graphics
- 3. Photography
- 4. Sculpture
- 5. Electric
- 6. Crafts

Medium or Materials

**STAINLESS**

**Sold**

Title

**TRACES**

**cc**

DO NOT WRITE IN THIS SECTION

342

(2)

ACCEPTED

REJECTED

X